

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4880AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/21/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE OF HENDERSON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1555 WEST HORIZON RIDGE PARKWAY HENDERSON, NV 89012</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 4/21/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility was licensed for 105 Residential Facility for Group with 40 beds which provide care to persons with Alzheimer's disease, and/or 65 beds for elderly and disabled persons Category 2 residents. The census at the time of the survey was 27. Eleven resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.  The following deficiencies were identified:	Y 000	<i>Acceptable POC 5/4/09 Jill W. [Signature]</i>  Y434  Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and state law.  a) A drill for evacuation will be performed monthly on an irregular schedule  b) A record of each drill will be kept on file at the facility for not less than 12 months after the drill.  c) Administrator will monitor for compliance.  d) The Maintenance Coordinator will have responsibility for completing the drills.  e) Immediately and going forward	
Y 434 SS=F	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This RULE: is not met as evidenced by: Based on record review on 4/21/09, the facility	Y 434		

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If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Debra [Signature] Administrator*  
N10011

*4/28/09*

If continuation sheet 1 of 3

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Y 434	Continued From Page 1  failed to ensure monthly evacuation drills were conducted on an irregular schedule for the past 5 of 11 months (6/08, 7/08, 08/08, 9/08 and 01/09).  Severity: 2    Scope: 3	Y 434		
Y 444 SS=C	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This RULE: is not met as evidenced by: Based on record review on 4/21/09, the facility failed to ensure smoke detectors were tested 10 out of the past 11 months (05/08, 06/08, 07/08, 08/08, 09/08, 11/08, 12/08, 01/09, 02/09, and 03/09).  Severity: 1    Scope: 3	Y 444	Y444 Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and state law. a) Smoke detectors will be maintained in proper operating conditions at all times. b) Smoke detectors will be tested monthly. c) The results of the tests will be recorded and maintained at the facility. d) The Maintenance Coordinator will have responsibility for completing the drills and the Administrator will monitor for compliance. e) Immediately and going forward.	
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of	Y 936	Y936 Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies.	

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Y 936	<p>Continued From Page 2</p> <p>chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This RULE: is not met as evidenced by: Based on interview and record review on 4/21/09, the facility failed to ensure 9 of 12 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #2, #4, #6, #7, #8, #9, #10 and #11) which affected all residents.</p> <p>Severity: 2    Scope: 3</p>	Y 936	<p>Y936 (continued)</p> <p>The Plan of Correction is prepared solely as a matter of compliance with federal and state law.</p> <p>a) All current resident files will be audited for compliance with NAC 441A.380 regarding tuberculosis.</p> <p>b) Immediate physician orders will be requested for residents #1, #2, #4, #6, #7, #8, #9, #10 and #11 to receive tuberculosis screens. TB serum will be obtained through Omnicare Pharmacy and community's RN will perform screenings. Screens on residents #1, #2, #4, #6, #7, #8, #9, #10 and #11.</p> <p>c) A tickler file (Attachment A) to be used to maintain annual compliance of TB screens for current residents and a tickler file (Attachment B) to be used for pre-move in compliance on TB screens.</p> <p>d) The Health Care Coordinator will be Responsible for Maintaining the screens. Compliance will be Monitored by the administrator.</p> <p>e) All TB screens will be current by 5/31/09.</p>	

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